



A **RUNNING** Specialty Store
Reynolda Village, Winston-Salem, NC

Phone 336-722-2489 • Fax 336-723-1397
4runnersonly@triad.rr.com • dugganrunner@gmail.com

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

Email: _____ Phone #: (____) _____

Emergency Contact: _____ Emergency Contact Phone #: (____) _____

When was your last physical? ____ / ____ / ____

How long have you been running? 0-1 year 1-5 years 5-10 years 10-20 years 20+ years

Do you consider yourself: Very fit Moderately fit Occasional exerciser Couch potato

Why do you run/want to start running (check all that apply)?

Competition Fitness Camaraderie Weight Loss Other: _____

What pace do you typically run per mile?

- Under 5 minutes 5-6 minutes 6-7 minutes 7-8 minutes
- 8-9 minutes 9-10 minutes 10-11 minutes 11-12 minutes
- 12-13 minutes 13-14 minutes 15 minutes and over Don't know

What is your PR (please list time and race)? _____

What are your running goals for the next 3 months? Marathon ½ Marathon 10K 5K Establish a base
 Other: _____

What are your running goals for the next year? Marathon ½ Marathon 10K 5K
 Other: _____

What are the best days for you to meet? Monday Tuesday Wednesday Thursday Friday Saturday

Have you ever had a running-related injury? No Yes: Explain injury, treatment, and current status: _____

Do you have friends/family members who are runners? No Yes

How supportive are your friends/family members of your running? Very Supportive Supportive Not Supportive

Waiver and Release of Liability

I understand that I will be running outside in locations where hazards or other dangerous conditions could exist beyond the control of the coach, and I am aware of and appreciate the risks that may result from my participation in this program.

I agree that it is my sole responsibility to determine whether the program is suitable for me given my level of fitness and any health conditions I previously may have had, currently have and/or may have in the future. With respect to any impact my participation in the program may have on my health, I acknowledge and agree that I am participating in the program solely at my own risk.

In recognition of the risk of injury to person or damage to property while participating in the program, and as consideration for being permitted to participate in the program, I hereby knowingly and voluntarily enter into this waiver and release of liability ("Agreement") and hereby waive any and all rights, claims, demands, damages, costs (including attorney's fees), actions or causes of action now existing or which hereinafter may arise as a result of my participation in the program (collectively, "Claims/Damages"), and, on behalf of myself and my heirs, successors and assigns, do hereby release and forever discharge 4 Runners Only and Coach David Duggan, their agents, attorneys, employees, heirs, representatives, predecessors, successors and assigns from any Claims/Damages, regardless of whether any injury or damage is caused by the negligence of the coach, David Duggan, myself or any third parties, the conditions of the designated running route, or any other cause.

I HAVE CAREFULLY READ THIS AGREEMENT REGARDING MY WAIVER AND RELEASE AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS.

Print your name, then sign

____ / ____ / ____
Date